

## COUNSELING APPLICATION

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Please note that the above is public information subject to FOIA (Freedom of Information Act) requests.

Please provide Social Security number (for individuals) or Federal Identification Number (for organizations) on line below.

Federal I.D. \_\_\_\_\_ Social Security Number \_\_\_\_\_

Check this box to indicate that you are not an employee of the State of Michigan and that any employee of yours who is a state employee will not be assigned work pursuant to any counseling contract you may have with the State of Michigan.

Check this box to indicate that neither you nor any of your employees or sub-contractors are servicing another counseling contract through the State of Michigan.

**\*\*You must be able to check both boxes above to receive a contract.**

Please list ALL counties where you wish to provide services: \_\_\_\_\_

\_\_\_\_\_

Please provide the address(es) of location(s) where services will be provided:

\_\_\_\_\_

\_\_\_\_\_

If you have the capacity to provide bi-lingual or multi-lingual services, please indicate the languages other than English: \_\_\_\_\_

Please check to indicate type of Agency:

Private, Non-Profit

Private, Proprietary

Public

Place a check mark next to each service you intend to provide under this contract  
(Service Descriptions are included):

Clinical Counseling	\$63/Unit
Clinical Sexual Abuse Counseling	\$63/Unit
Clinical Direct Support Services	\$63/Unit
Family Counseling	\$63/Unit
Outreach Counseling	\$73/Unit
Outreach Sexual Abuse Counseling	\$73/Unit
Outreach Direct Support Services	\$73/Unit
Group Counseling	\$120/Unit
Group Sexual Abuse Counseling	\$120/Unit
Group Direct Support Services	\$120/Unit

NOTE: A Unit is equal to a 50-minute session except for Group counseling which is a 1-1/2 hour session. Contracts do not permit billing for missed appointments.

Check to indicate that you have included the following required documentation:

A copy of each staff person's Master's Degree (or above) who provides counseling or psychotherapy under this contract.

An up-to-date copy of each staff person's State of Michigan license to provide counseling or psychotherapy under this contract.

An up-to-date copy of the liability insurance policy for each staff person/agency providing counseling or psychotherapy under this contract.

**PLEASE NOTE BOTH THE NATIONAL CHILD PROTECTION ACT (NCPA)  
CLEARANCE THROUGH THE NATIONAL CRIME INFORMATION CENTER**

**(NCIC) AND CENTRAL REGISTRY (CR) CLEARANCE MUST BE COMPLETE BEFORE THE CONTRACT CAN BE EXECUTED.**

### **BILLING INFORMATION**

The Unit Rate Billing Method is used in claiming reimbursement under the Agreement.

The Contractor submits a monthly Statement of Expenditures, DHS-3469, to the DHS local office for only those clients referred from that office. The DHS -3469 indicates the units of service delivered, separated by program; the reimbursement rate by type of service; the total amount being claimed and number of clients served. For Outreach Counseling units billed, the Contractor may bill for mileage exceeding thirty (30) miles per round trip at the State premium rate for mileage or the established Contractor rate, whichever is lower. The DHS -3469 shall be submitted to the DHS within thirty days from the end of the monthly billing period. For the month of September, billings shall be submitted as directed by DHS to meet fiscal year end closing deadlines. If the billing is not received during this period, no payment shall be made by the DHS for that billing period unless an exception is specifically authorized by the DHS Director or his delegated representative. In no event shall the DHS make payment to the Contractor for billings submitted more than 90 days after the end of a billing period. The DHS makes payments monthly to the Contractor approximately four weeks after receipt by the DHS of the Contractor's monthly Statement of Expenditures, DHS -3469.

*\*\*Wayne, Macomb, Genesee, Oakland and Lapeer Counties are NOT accepting new providers.*